

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000003 5054

1. Entity Name

HOFNAR ENTERTAINER COACH, LLC

**DO NOT WRITE IN THIS SPACE**

8252 Hunters Ridge Trail

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

8252 Hunters Ridge TR

Suite, Apt. #, etc.

City & State

Tall FL

City & State

Tall FL

Zip

32312

Country

Leon

Zip

32312

Country

Leon

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

GARY STEPHEN BROCK

Street Address (P.O. Box Number is Not Acceptable)

8252 Hunters Ridge Trail

City

Tallahassee

FL

Zip Code

32312

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State**

**DUE BY MAY 1**

400023317894

09/25/03--01019--001 \*\*50.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

MGRM  
Gary Brock  
8252 Hunters Ridge Trail  
Tall FL 32312

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)